

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 147Registered No. 536

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 3005 Turkey Shoot Canon Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Roman Chavez { If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Mich. 9, 1926 Month Day Year8. FATHER Full name Timotea Chavez 14. MOTHER Full maiden name Hernanda Diaz9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona If non-resident, give place and state. Arizona10. Color or race Mex. 11. Age at last birthday 23 (Years) 16. Color or race Mex. 17. Age at last birthday 22 (Years)12. Birthplace (city or place) Jalisco 18. Birthplace (city or place) Jalisco
(State or country) Mex. (State or country) Mex.13. Occupation Nature of Industry Machine man 19. Occupation Nature of Industry Housewife20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 5:30 A. M. on the date above stated

(Born alive or stillborn)

Signature Cyril M. Brown, M.D. Physician (Physician or midwife).Given name added from a supplemental report _____ Address Miami, Arizona Month, day, year _____Filed Mich 11, 1926 C. E. Twin Registrar

Registrar

937 - 309 - 8117